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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

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Application Number	09/910,456		
Filing Date	July 20, 2001		
First Named Inventor	Jones et al.		
Group Art Unit	3727		
Examiner Name	M. Brevard		
Attorney Docket Number	2931-4988US		

To	P.O. Box 14 Alexandria, V									
I hereby apply to withdraw as attorney or agent for the above identified application.										
The reasons for this request are: TraskBritt has terminated the relationship with the client and returned the files to the client.										
1. The correspondence address is NOT affected by this withdrawal.										
2.   Change the correspondence address and direct all future correspondence to:										
Custom OR	mer Number  Place Customer Number  Bar Code Label here				er					
Firm <i>or</i> Individu	al Name	B. Casey Jones								
Address		Rebels Unlimited								
Address		P.O. Box 1218								
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Country		United States of America	- <del> </del>							
Telephone		(435) 619-0724	Fax	(435) 635-0755						
<ul> <li>☑ This request is made on behalf of myself and</li> <li>☐ all the attorneys/agents of record,</li> <li>☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or</li> <li>☑ the attorneys/agents associated with Customer Number 24247</li> <li>This request is enclosed in triplicate (including any attachments).</li> </ul>										
Name	Edgar,R. Cataxinos									
Signature	Mality									
Date	May 4, 2006									
NOTE: Withdrawal is effective when approved rather than when received.										

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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response or possible extension period, the request to withdraw is normally disapproved.

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